

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

APPLICATION FOR A LICENSE TO PRACTICE AS AN ATHLETIC TRAINER

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stat. § 440.12).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name <input type="text"/>		First Name <input type="text"/>		MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>					Daytime Telephone Number <input type="text"/>
Mailing Address (if different) <input type="text"/>					Date of Birth <input type="text"/>
Social Security # <input type="text"/>			Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.					
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F					
Email Address: <input type="text"/>					
Have you ever been licensed in Wisconsin as an Athletic Trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>					
School Name: <input type="text"/>					
School Address: <input type="text"/>					
Date Diploma Granted: <input type="text"/> / <input type="text"/> / <input type="text"/> Degree: (choose one) <input type="checkbox"/> BS <input type="checkbox"/> MS <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>					

APPLICATION FEES: Please check applicable boxes. Make check payable to DSPS and attach to application.

☐ **Exam Applicants (BOC applicants)**
\$ 75.00 Initial Credential Fee

☐ **Reciprocal Applicants (licensed in another state)**
\$ 75.00 Initial Credential Fee

☐ **Re-Registration Applicants (license expired more than 5 years)**
\$ 75.00 Renewal Fee
\$ 25.00 Late Renewal Fee
\$ 100.00 Total Fee Attached

For Receipting Use Only (39)

Wisconsin Department of Safety and Professional Services

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE:

- Completed Application (Form #2496) and appropriate fee.
- Official undergraduate transcripts submitted directly to DSPS by the degree granting institution. Transcripts must state the degree awarded, major and date degree granted. Pre-dated transcripts or transcripts supplied by the applicant are not acceptable. **(not applicable to Re-Registration applicants)**
- Verification of Certification Form # 2497 directly from the Board of Certification Inc. (BOC). **(not applicable to Re-Registration applicants)**
- Submit a current copy of Certificate of Malpractice Liability Insurance. **(must include amounts of coverage and expiration date)**
- Submit a current copy of CPR/AED Certificate. **(front and back)**
- Verification of licensure or certification from another state submitted directly from that State Board.
- Submit a copy of the state's rules and regulations pertaining to athletic training practice for all states licensed/credentialed in. **(Reciprocal Applicants only)**
- Submit proof of 30 hours of Continuing Education approved by the National Athletic Trainers Association Certification, Inc. (NATABOC). Hours must be obtained during the previous biennium 7/1 – 6/30 of even-numbered years. **(Re-Registration applicants only)**

PRACTICE: Account for all professional and non-professional activities and practice from date of graduation to the present time.

Employer Name	Job Title and Duties (i.e. office staff, food service, PA, etc.)	Location of Employer	Dates Employed (Month/Year)
<div></div>	<div></div>	(City) <div></div> (State) <div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>
<div></div>	<div></div>	(City) <div></div> (State) <div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>
<div></div>	<div></div>	(City) <div></div> (State) <div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>
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<div></div>	<div></div>	(City) <div></div> (State) <div></div>	(From) <div></div> / <div></div> (To) <div></div> / <div></div>

Pursuant to Wisconsin Statute § 448.951: **Use of Title.** Except as provided in s. 448.952, no person may designate himself or herself as an Athletic Trainer or use or assume the title "Athletic Trainer", "Licensed Athletic Trainer", "Certified Athletic Trainer" or "Registered Athletic Trainer" or append to the person's name any other title, letters or designation that represents or may tend to represent the person as an Athletic Trainer unless the person is licensed under this subchapter.

Pursuant to Wisconsin Statute § 448.952: **Applicability.** This subchapter does not require a license under this subchapter for any of the following:

- (1) Any person lawfully practicing within the scope of a license, permit, registration or certification granted by this state or the federal government, if the person does not represent himself or herself as an Athletic Trainer.
- (2) An Athletic Training Student practicing athletic training within the scope of the student's education or training, if she or she clearly indicates that he or she is an Athletic Training Student.
- (3) An Athletic Trainer who is in this state temporarily with an individual or group that is participating in a specific athletic event or series of athletic events and who is licensed, certified, or registered by another state or country or certified as an Athletic Trainer by the NATABOC or its successor agency.

I AM, OR HAVE BEEN, LICENSED IN THE FOLLOWING STATE(S):

YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALLED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS.

#2426 (Rev. 6/15)

Ch. 448, Stats.

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Committed to Equal Opportunity in Employment and Licensing

Wisconsin of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Are you familiar with the state health laws, rules, and regulations of the Wisconsin Department of Health regarding communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever surrendered, resigned, canceled, or been denied a professional license, or other credential, in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you incarcerated, on probation, or on parole for any conviction? If yes, submit Convictions and Pending Charges Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit Convictions and Pending Charges Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have your privileges ever been limited or removed? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as an Athletic Trainer" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned Athletic Trainer judgments and to learn and keep abreast of athletic training developments; and
2. The ability to communicate those judgments and athletic training information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform athletic training tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental, or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
11. Do you have a medical condition which in any way impairs or limits your ability to practice as an Athletic Trainer with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your use of chemical substance(s) in any way impair, or limit your ability to practice as an Athletic Trainer with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications), or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
14. Are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been diagnosed as having, or have you ever been treated for, pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/>	<input type="checkbox"/>
17. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Applicant

____/____/_____
Date